

DARBY &  
DARBY

RECEIVED  
CENTRAL FAX CENTER

FEB 09 2005

Post Office Box  
New York, NY 10150-5257  
Tel: (212) 527-7700  
Fax: (212) 527-7701

ATTORNEY/DOCKET NO.: 20206/000K089-US0DATE: February 8, 2005

## TELECOPIER TRANSMISSION COVER SHEET

NUMBER TRANSMITTING TO: 571-273-0908

TO: UNITED STATES PATENT AND TRADEMARK OFFICE

EXAMINER: JEFFREY S. PARKIN, Ph.D.

ART UNIT: 1648

FROM: HEATHER M. ETTINGER, PH.D.

PAPER(S) BEING TRANSMITTED: INFORMAL COMMUNICATION

NO. OF PAGES (INCLUDING COVER SHEET): 2

Heather M. Ettinger, Ph.D.

Name

February 8, 2005

Date



Signature

PLEASE RETURN TO ANNE ARLAUSKAS

\* IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE US IMMEDIATELY AT (212) 527-7777

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE SO THAT WE CAN ARRANGE FOR THE RETRIEVAL OF THIS DOCUMENT AT NO COST TO YOU. THANK YOU.

**RECEIVED  
CENTRAL FAX CENTER**

002/002

FEB 09 2005

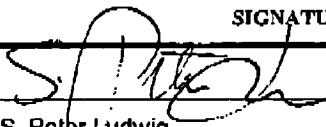
Based on USPTO Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY	
In re Application of: Hyuk-Jun Nam et al.	
Application No. 10/009,118	
Filed: December 6, 2001	
Title: A TRANSFORMANT FOR SCREENING OF INHIBITORS FOR HUMAN IMMUNODEFICIENCY VIRUS	
Attorney Docket No. 20206/000K089-US0	Art Unit: 1648

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Heather Morehouse Ettinger	51,658

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record	
Signature	
Name	S. Peter Ludwig
Telephone	(212) 527-7770
Date	February 8, 2005
Registration No., if applicable	25,351